Family Mode Deactivation Therapy Results and Implications

Jack A. Apsche & Christopher K. Bass

Abstract

This article highlights the inclusion of Mode Deactivation Therapy as a treatment modality for families in crisis. As an empirically validated treatment, Mode Deactivation Therapy has been effective in treating a wide variety of psychological issues. Mode Deactivation Therapy, *(MDT)* was developed to treat adolescents with disorders of conduct *(*Apsche, Bass, Murphy 2004), personality (Apsche, Bass, Murphy, 2004*),* as well as sexual and physical aggression (Apsche & Bass, 2005). MDT Family therapy *(Apsche & Ward)* was developed to implement MDT methodology within the family system.
Keywords: Mode Deactivation Therapy, MDT, MDT Family Therapy, Conglomerate of Beliefs and Behaviors, (COBB), fear-family assessment, family core belief assessment.

Introduction

Historically, Cognitive Behavioral Therapists have attempted to identify and address both distorted schemas and maladaptive behavior patterns in family interactions *(Dattilio, Epstein, Baucom, (1998)*. According to Dattilio cognitive-behavioral therapists interview the family to determine their perceptions of the family and how things operate in the home environment. In addition, the Cognitive behavioral family therapist views the entire family as a case, avoiding the stigma of one individualized patient/client.

Epstein (1986) found that negative exchanges by individual family members increase the overall family distress. Dattilio et. al., *(1998)* suggested that the cognitive behavior family therapist pays attention to the antagonistic exchanges between individual family members. Dattilio further suggested the cognitive behavior family therapist pays attention to the following:

1) Frequencies and patterns of antagonistic/discordant behavior exchanges.
2) Expressive and listening skills for communicating thoughts and feelings.
3) Problem solving skills.

Dattilio, et. al. *(1998)* also stated that similar to system theorists, cognitive behavior family therapists "carefully focus on the 'process' of family interactions."

MDT Family Therapy also examines the "process" of family interactions*,(Apsche, Ward, (2003),* although MDT attempts to move the family to a new script of the family based on the collective case conceptualization process*, (Apsche, Ward, (2003)*.

Unlike Multisystematic Therapy, (Henggeler, Schoenwald, Borduin, Rowland and Cunningham, (1998) which focus the youth as embedded in the multiple system that have a basic direct and indirect influences on the youths behavior, MDT focuses on the system as a collective of a system of family beliefs and modes based on the collective and individual modes.

MDT also suggests that any basic CBT would be implemented on the individual adolescent, client, *(*Henggeler, et. al. (1998). MDT is a process that focuses first on the adolescent following the completion of the family core conceptualization, then the family. MDT includes a family workbook and exercises which helps to reintegrate the troubles youth and his family and extended family.

To avoid the individualized stigma, Apsche & Ward (2004) created the MDT Family fear and belief assessment to determine the collective family case conceptualization. This allows the MDT therapist to interpret his/her treatment approach as stemming from an empirically derived methodology.

MDT Family Therapy is designed as an extension of the MDT Methodology for Adolescents (Apsche & Ward (2004). MDT Family is not designed for implementation as a separate methodology.

Method

MDT Family Therapy was implemented with three families in an out patient setting. Families had pre treatment averages of 6 arguments per week, 5 acts of aggression toward objects, 8 acts of physical aggression and 25 threats per week.

The first author met and conducted MDT Family Therapy with immediate family members in office for one-two hours per week for 6 weeks.

Application of MDT-Family

The MDT family was initiated by implementing the Family MDT assessments. The Family MDT assessments resemble the individual MDT assessments.

1).***The fear-family assessment:*** is an assessment of sixty items that identifies basic difficulties, anxieties, or fears of the family. Each family member completed the assessment individually and the scores were totaled and a mean score was determined across each item.

2).***The Family Core Belief Assessment:*** is an inventory of ninety-six questions related to the familiar belief systems. The Family Core Belief Assessment was scored in the same manner as the Family Fear Assessment.

3). ***The Functionally Based Treatment Development Form*** is a form that addresses the collective family beliefs and supplies the family a specific methodology to develop and maintain more functional family beliefs.

The family was taught how to balance its beliefs with the **V-C-R** method. V-C-R is a methodology of *validation*, *clarifying* and *redirecting* the belief of the family. While there may be some identification of opposing beliefs, this method attempts to expose the irrational, illogical beliefs deeply held by families in crisis. The individual components of the V-C-R method included:

Validation. Each family member's thoughts and beliefs were validated initially. Therapists searched for grains of truth in each family member's responses. It was important to assure each member that his/her responses were accurate as far as his/her interpretation of his/her perceptions. Each member was given appropriate reinforcement that (s)he was certain that (s)he fully understood and believed. Caution was used not to create triangulation.

Clarification. Therapists clarified the content of responses. Therapists also clarified the beliefs that were activated. It was important that clinicians understand and agreed with the content of the clarification. The Clarification step was crucial in understanding the long held thinking schemas. This was clarification of the member's perspective or reality and beliefs.

Redirection. Therapists redirected responses, to view other possibilities or the continuum of held beliefs. The goal of this step was to help the family member find the exception in the belief system. The

redirection involved examining the opposite side of the dichotomous or dialectical thinking. It was crucial to partner with the member to see the "grain of truth" in each of the dichotomous situations presented.

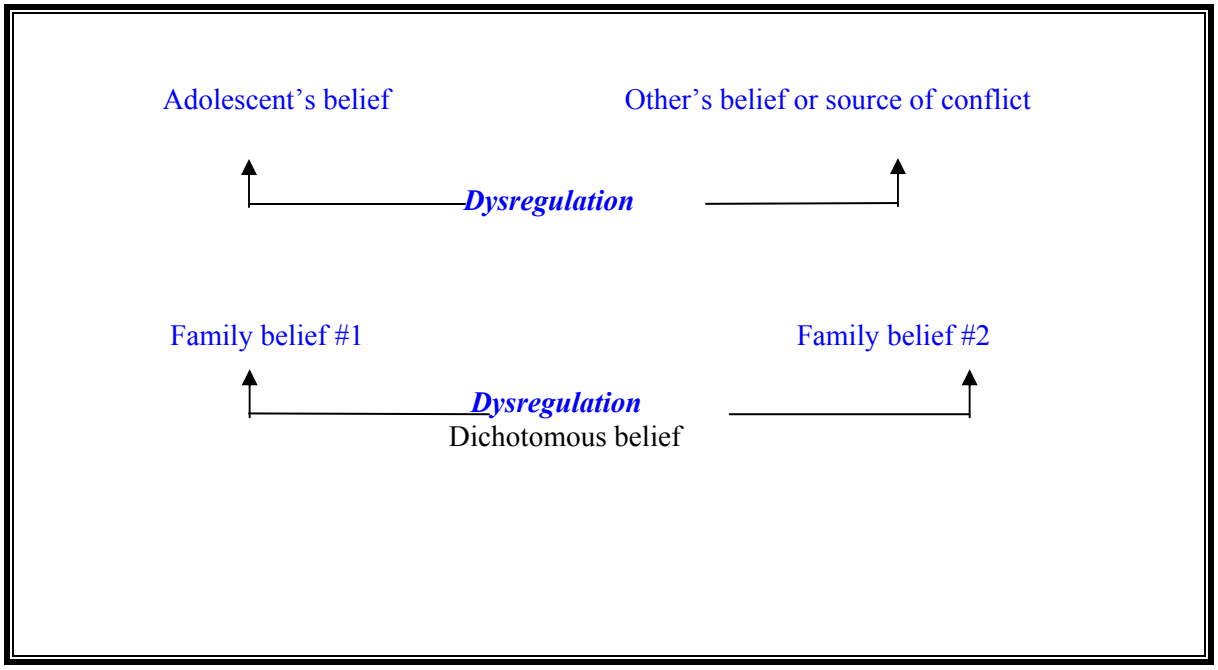

FIGURE 1: Diagram of the Dysregulation process.

Figure 1 highlights the direction of the dysregulated belief system. The redirection was an attempt to aid the youth and family member in seeing both sides of the dichotomous belief(s). Also, important was to look for the truth in each and compromise in understanding the truth in both beliefs. The use of a continuum of belief was implemented to examine the individual's belief of truth in both of the dichotomous beliefs and situation.

Each individual in the family, as well as the family collectively completed the Conglomerate of Beliefs and Behaviors, *(COBB)*. The COBB examined each individual's belief as well as their corresponding behaviors. Once the families Beliefs and Behaviors were determined they were compared to each individual's beliefs and behaviors.

These methodologies addressed the specific behaviors of each family member and contrasted it to the family at larges' score. The behaviors were explained and understood as the individual integrated their beliefs and behaviors within the family system at large.

CHART 1: Family Beliefs, Behavior and subsequent behavior.

Beliefs held by adolescent	Direct Behavior	Sibling reaction	Mother	Conclusion
"Whenever I hurt emotionally I will do whatever it takes to feel better"	Self Mutilation	Isolate	Yell and "put things right."	Things go back to "normal"
	Wait for the pain to go away	Wait for the pain to go away		Continuation of illogical belief schema.

If we look at this example of the client's behavior, he cuts or hurts him, his isolated, the mother would, "put things right", yet as a family they said they waited for the "pain to go away" and things will go "back to normal." "Normalcy" was a continuation of illogical belief schema which in time would be the catalyst for a new cycle of self mutilation in the future.

The work of the MDT therapist was to implement V-C-R with the family while pointing out and balancing the individual and family beliefs.

Results

MDT Family Therapy was implemented with three families in an out patient setting. The results suggest that MDT reduced arguments, aggressions, both verbal and physical. The results suggest that MDT might be an effective methodology for treating the families of the adolescent. Important in the data, is the reduction of all of the family's target behaviors. Argument's were antecedents of more serious problems and the reduction of argument from 6t per week to .45 per week suggests that argument's served as a trigger to aggression and violence in this limited study. *N=3 out patient families.*

CHART 2: Pre and Post treatment totals on Arguments, Aggression toward objects, Aggression toward Self or others and Threats.

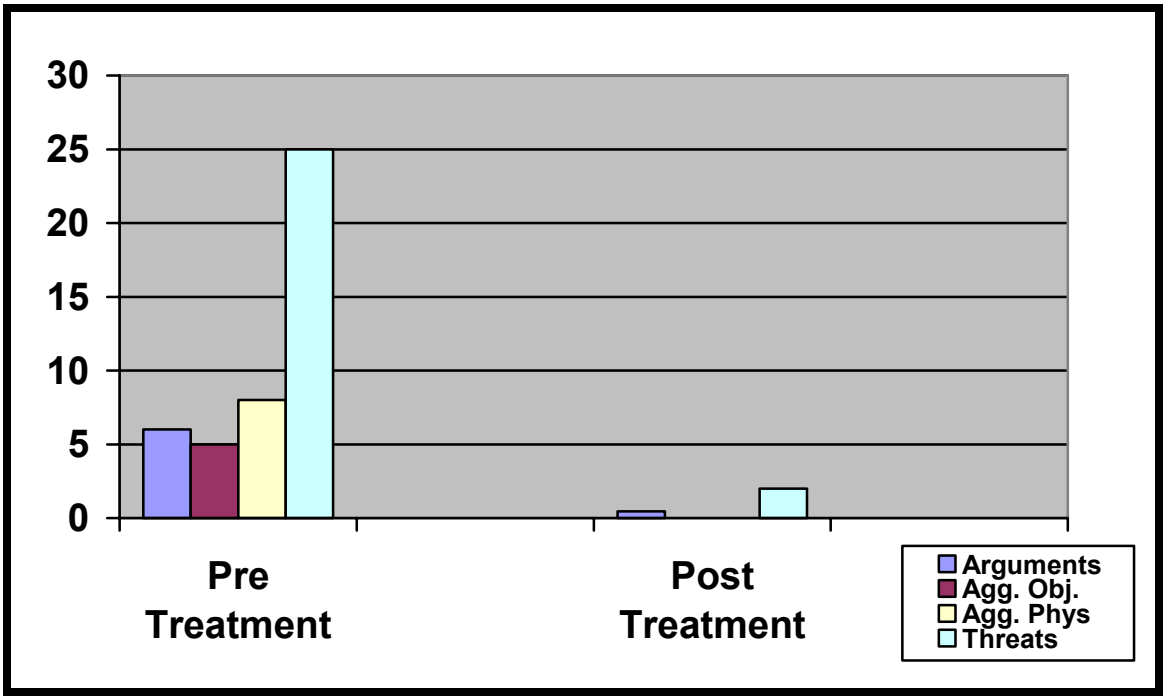

CHART 3: Pre and Post treatment totals on Arguments, Aggression toward objects, Aggression toward Self or others and Threats

Condition	Pre-baseline totals	Post-baseline totals Treatment
Arguments per week	6	.45
Aggression Destroying objects per week	5	0
Physical aggressions	8	0
Threats per week	25	2

Threats were also interpreted as an antecedent to the more violent family behaviors and the reduction of threats suggest that hypothesis might have some validity. The overall reduction of physical destruction and aggression were significant to opening more appropriate and desired means of family communication.

Discussion

This study was limited in scope and design. It was intended to serve the function as a description of a promising treatment result. Many of the limits of this paper are apparent. There were only three families and there were no random assignments of families to either treatment or control group. There was no control group. These results suggest that MDT family may be a viable extension of MDT for adolescents. Their methodology deserves further study and might be helpful if developed into a full family therapy methodology.

It is hoped that the family MDT might become an evidenced based treatment for troubled adolescents and their family. There are no claims from this study other than it appears to be a promising clinical methodology at this point.

The MDT Family Workbook is merely a prototype at this point and is being updated and reviewed for a possible additional study. The author wants to that the families that were reviewed in this article as they have taught me that there is much to learn from these troubled adolescents and their families.

Summary

The development of Family MDT remains a great challenge. Often the family units are not in tact. We must learn to help the adolescent to identify extended families and to help them succeed through intensive training and psychotherapy. MDT might be a useful tool in this process, in that it extend the adolescent's skills from MDT treatment to the entire family. It allows the family to identify beliefs and to balance their beliefs, as well as learn to support each other through the VCR process. The VCR process allows the family member to accept things as they are and to look at the process of MDT as an alternative solution. The MDT family process changes the families failed scripts and to move out of their misery and helplessness to a new script supplied thru MDT.

References

Apsche, J.A., Bass, C.K. and Murphy, C. J. (2004): An Empirical Comparison of Cognitive Behavior Therapy (CBT) and Mode Deactivation Therapy (MDT) with Adolescent Males with Conduct Disorder and/or Personality Traits and Sexually Reactive Behaviors - *The Behavior Analyst Today, 5.(4), Page 359.*

Apsche, J.A. , Bass, C.K. and Murphy, C. J. (2004): A Comparison of Two Treatment Studies: CBT and MDT with Adolescent Male Sex Offenders With Reactive Conduct Disorder and/or Personality Traits - *JEIBI 1 (2), Pg. 179.*

Apsche, J.A. & Ward Bailey, S.R. (2004): Mode Deactivation Therapy (MDT) Family Therapy: A Theoretical Case Analysis - *JEIBI 1 (2), Pg. 191*

Apsche, J.A. (2005): Theory of Modes and Impulses - *JEIBI 2 (1), Pg. 14*

Apsche, J.A. , Bass, C.K, Jennings, J.L., Murphy, C.J., Hunter, L.A., and Siv, A.M. (2005): Empirical Comparison of Three Treatments for Adolescent Males With Physical and Sexual Aggression: Mode Deactivation Therapy, Cognitive Behavior Therapy and Social Skills Training - *IJBCT 1 (2), Pg. 101*

Apsche, J.A. & Siv, A.M. (2005): Page 130: Mode Deactivation Therapy MDT): A Theoretical Case Analysis on a Suicidal Adolescent -- *IJBCT 1 (2), Pg. 130*

Apsche, J.A. and Ward Bailey, S.R. (2004). Mode Deactivation Therapy: Cognitive-Behavioural Therapy for Young People With Reactive Conduct Disorders or Personality Disorders or Traits Who Sexually Abuse. In M.C. Calder (Ed.), Children and Young People who Sexually Abuse - *New Theory, Research and Practice Developments, pp. 263-287. Lyme Regis, UK: Russell House Publishing*

Apsche, J.A., and Bass, C.K. (2006): Summary of Mode Deactivation Therapy, Cognitive Behavior Therapy and Social Skills Training with Two Year Post Treatment Results - *IJBCT 2 (1) Pg. 29*

Apsche, J.A., Bass, C.K., (2006): A Treatment Study of Suicidal Adolescent with Personality Disorder or Traits: Mode Deactivation Therapy as compared to Treatment as Usual - *IJBCT 2 (2), Pg. 215*

Apsche, J.A., Bass, C.K.,(2006): A Treatment Study of Mode Deactivation Therapy in an Out Patient Community Setting - *IJBCT 2 (2), Pg. 277*

Dattilio, F.M., Epstein, N.B., Baucom, D.H. (1998): Case Studies in Couple and Family Therapy. In. *An Introduction to Cognitive Behavior Therapy with Couples and Families.*

Epstein, N. (1986). Cognitive martial Therapy Multilevel assessment and intervention. *Journal of Rational Emotive Therapy,* 4, 68-81

Epstein, N. (1992). Marital Therapy. In A. Freeman & F. M. Dattilio (Eds), *Comprehensive casebook of cognitive therapy* (PP. 267-275). New York: Plenum Press.

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M. D., Cunningham, P.B. *(1998): Multisystemic Treatment of Antisocial Behavior in Children and Adolescents*

Author Contact Information:

Jack A Apsche, Ed.D., ABPP Capital Academy and The Apsche Center for Evidenced Based Psychotherapy 215-321-4072 E-mail: jackmdt@aol.com	Christopher K. Bass, Ph.D., Dept of Psychology Clark Atlanta University, 207 Knowles Hall Atlanta, GA 30313. Email: cbass@cau.edu